

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2383**

STATE FILE NUMBER **63-008704**

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Louis Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo.		c. CITY OR TOWN University City	
c. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hos'p		d. STREET ADDRESS 644 Vassar	
3. NAME OF DECEASED (Type or print) First ROY Middle HAAS Last HAAS		4. DATE OF DEATH Month 3 Day 1 Year 1963	
5. SEX male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/2/1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Refrigeration		10b. KIND OF BUSINESS OR INDUSTRY Engineer	
11a. FATHER'S NAME Jacob Haas		11b. MOTHER'S MAIDEN NAME Fannie Epstein	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 644 Vassar	
17. INFORMANT Edith Haas		18. NAME OF HUSBAND OR WIFE University	
19. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) ARTERIOSclerosis, generalized DUE TO (c) 4201		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED..(Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 1:30 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 3/1/63 COUNTY St. Louis STATE Mo.
21. I attended the deceased from Jan. 1960 to 3/1/63 and last saw him alive on 3/1/63 Death occurred at 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Melvin R. Goldman, M.D. (Degree or title)	
22b. ADDRESS 634 N. Grand		22c. DATE SIGNED 3/2/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 3/3/63	23c. NAME OF CEMETERY OR CREMATORY Mt. Sinai	23d. LOCATION (City, town, or county) 8400 Gravois Ave (State)
24. FUNERAL DIRECTOR Mayer ADDRESS 4356 Lindell Blvd		25. DATE RECD. BY LOCAL REG. MAR 2 1963 REGISTRAR'S SIGNATURE Edith Haas	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.